

FULL FACILITY PROFILE

INFINIA AT GRANITE HILLS, INC	PROVIDER #: 465142	FACILITY BEDS	TYPE ACTION: RECERTIFICATION
950 EAST 3300 SOUTH	PHONE NUMBER: (801) 486-5121	TOTAL: 72	
SALT LAKE CITY UT 84106	PARTICIPATION DATE: 02/05/1996	CERTIFIED: 72	TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001			

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/27/2000	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 72			
-----	-----	18	18/19	19	ICF/MR
TOTAL: 53	ADMISSION SUSPENDED:	--	----	--	-----
MEDICARE: 3	SUSPENSION RESCINDED:				
MEDICAID: 44				72	
OTHER: 6					

SURVEY DATES FROM: 09/19/2000 TO: 09/21/2000 PROGRAM REQUIREMENTS
 EXTENDED SURVEY DATES FROM: 09/25/2000 TO: 09/27/2000
 DATE PROVIDER SIGNED POC: 11/05/2000
 REVISIT DATES: 03/27/2001 12/18/2000

S/S CODE	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
D	F0157	INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC	11/27/2000	DEFICIENCY CORRECTED	3	8.8	8	1.8	523	7.5
E	F0164	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	11/27/2000	DEFICIENCY CORRECTED	1	2.9	25	5.8	586	8.4
F	F0253	HOUSEKEEPING & MAINTENANCE SERVICES	03/26/2001	DEFICIENCY CORRECTED	6	17.6	69	16.2	1125	16.3
E	F0278	ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS	11/27/2000	DEFICIENCY CORRECTED	2	5.8	42	9.8	571	8.2
D	F0281	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	11/27/2000	DEFICIENCY CORRECTED	6	17.6	100	23.5	1117	16.1
E	F0287	RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING	11/27/2000	DEFICIENCY CORRECTED	1	2.9	1	0.2	34	0.4
D	F0316	APPROPRIATE TREATMENT FOR INCONTINENT RES	11/27/2000	DEFICIENCY CORRECTED	5	14.7	53	12.4	712	10.3
G	F0324	SUPERVISION/DEVICES TO PREVENT ACCIDENTS	11/27/2000	DEFICIENCY CORRECTED	1	2.9	50	11.7	1272	18.4
G	F0325	RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDAB	11/27/2000	DEFICIENCY CORRECTED	1	2.9	44	10.3	577	8.3
G	F0327	FACILITY PROVIDES SUFFICIENT FLUID INTAKE	11/27/2000	DEFICIENCY CORRECTED	3	8.8	22	5.1	413	5.9
F	F0371	STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS	11/24/2000	DEFICIENCY CORRECTED	12	35.2	89	20.9	1908	27.6
E	F0469	MAINTAINS EFFECTIVE PEST CONTROL PROGRAM	11/27/2000	DEFICIENCY CORRECTED	1	2.9	6	1.4	188	2.7
E	F0490	FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST	11/27/2000	DEFICIENCY CORRECTED	1	2.9	4	0.9	124	1.7
F	F0521	QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLA	11/27/2000	DEFICIENCY CORRECTED	1	2.9	14	3.2	135	1.9

BUILDING CHARACTERISTICS			
BUILDING NUMBER	TYPE OF BUILDING	EDITION OF LSC APPLIED	LSC COMPLIANCE STATUS
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01	BUILDING	85 EXIST	FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE POC

SURVEY DATES FROM: 09/19/2000 TO: 09/21/2000 LSC DEFICIENCIES
 EXTENDED SURVEY DATES FROM: 09/25/2000 TO: 09/27/2000
 DATE PROVIDER SIGNED POC: 10/18/2000
 REVISIT DATES: 12/06/2000 11/15/2000

BUILDING NUM	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
01	K0018	CORRIDOR DOORS	12/05/2000	DEFICIENCY CORRECTED	7	20.5	155	36.4	1316	19.0
01	K0027	DOORS IN SMOKE PARTITIONS	12/05/2000	DEFICIENCY CORRECTED	3	8.8	23	5.4	237	3.4
01	K0029	HAZARDOUS AREAS - SEPARATION	11/10/2000	DEFICIENCY CORRECTED	5	14.7	101	23.7	1004	14.5
01	K0050	FIRE DRILLS	11/10/2000	DEFICIENCY CORRECTED	12	35.2	67	15.7	540	7.8
01	K0054	SMOKE DETECTOR MAINTENANCE	11/10/2000	DEFICIENCY CORRECTED	1	2.9	33	7.7	300	4.3
01	K0062	SPRINKLER SYSTEM MAINTENANCE	11/10/2000	DEFICIENCY CORRECTED	7	20.5	61	14.3	661	9.5
01	K0064	PORTABLE FIRE EXTINGUISHERS	11/10/2000	DEFICIENCY CORRECTED	5	14.7	28	6.5	269	3.8
01	K0069	COOKING EQUIPMENT	11/10/2000	DEFICIENCY CORRECTED	6	17.6	28	6.5	364	5.2
01	K0072	FURNISHING AND DECORATIONS	11/16/2000	DEFICIENCY CORRECTED	4	11.7	30	7.0	128	1.8
01	K0130	OTHER	11/10/2000	DEFICIENCY CORRECTED	22	64.7	116	27.2	878	12.7

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
-----	-----	STATE	REGION	NATION
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CONDITION/LEVEL A	0	0.00	0.00	00.00
REQUIREMENT	14	3.41	4.81	05.91
HEALTH TOTAL	14	3.41	4.81	05.91
LIFE SAFETY CODE	10	3.32	4.18	02.15
LIFE SAFETY CODE + HEALTH	24	6.73	9.00	08.06